



Complete Summary

TITLE

Parkinson's disease (PD): percentage of veterans with idiopathic Parkinson's disease who have developed end-of-dose wearing-off and have impairments in activities of daily living who are offered within three months 1) addition of a dopamine agonist, 2) addition of a catechol o-methyltransferase (COMT) inhibitor, 3) more frequent dosing of levodopa, OR 4) addition of a selective MAO-B inhibitor or amantadine.

SOURCE(S)

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. Parkinsonism Relat Disord 2008;14(1):8-14. [PubMed](#)

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of veterans with idiopathic Parkinson's disease who have developed end-of-dose wearing-off and have impairments in activities of daily living who are offered within three months 1) addition of a dopamine agonist, 2) addition of a catechol o-methyltransferase (COMT) inhibitor, 3) more frequent dosing of levodopa, OR 4) addition of a selective monoamine oxidase B (MAO-B) inhibitor or amantadine.

RATIONALE

Parkinson's disease (PD) is a chronic, progressive neurological condition and a major cause of disability among the elderly. PD is one of the most common neurological conditions, affecting an estimated 1.5% of the US population over the age of 65 years.

Neurodegenerative disorders are an increasingly important source of morbidity and mortality as the population ages. PD has potentially complex motor, autonomic, and psychiatric manifestations.

A comprehensive review of general health care in the United States showed that the quality of care usually falls below professional standards. While there is limited data on PD care, one study showed that less than one third of patients initially diagnosed with PD by a non-neurologist were eventually referred to a neurologist for care, despite that non-neurologists may not have adequate knowledge to manage PD patients.

PRIMARY CLINICAL COMPONENT

Parkinson's disease (PD); end-of-dose wearing-off; dopamine agonist (bromocriptine, pergolide, pramipexole, ropinirole); catechol o-methyltransferase (COMT) inhibitor (entacapone); levodopa; selective monoamine oxidase B (MAO-B) inhibitor; amantadine

DENOMINATOR DESCRIPTION

Veterans with idiopathic Parkinson's disease* who have developed end-of-dose wearing-off and have impairments in activities of daily living

*Outpatient International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code of idiopathic Parkinson's disease (332.0).

NUMERATOR DESCRIPTION

Veterans from the denominator who are offered one of the following within 3 months:

1. Addition of a dopamine agonist (bromocriptine, pergolide, pramipexole, or ropinirole),
2. Addition of a catechol o-methyltransferase (COMT) inhibitor (entacapone),
3. More frequent dosing of levodopa, OR
4. Addition of a selective monoamine oxidase B (MAO-B) inhibitor or amantadine.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice parameter: initiation of treatment for Parkinson's disease: an evidence-based review.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. Parkinsonism Relat Disord 2008;14(1):8-14. [PubMed](#)

Cheng EM, Swarztrauber K, Siderowf AD, Eisa MS, Lee M, Vassar S, Jacob E, Vickrey BG. Association of specialist involvement and quality of care for Parkinson's disease. Mov Disord 2007 Mar 15;22(4):515-22. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Hospitals
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Multisite Health Care Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

This measure has been stratified by race/ethnicity and age.

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Veterans with idiopathic Parkinson's disease who have developed end-of-dose wearing-off and have impairments in activities of daily living

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Veterans with idiopathic Parkinson's disease* who have developed end-of-dose wearing-off and have impairments in activities of daily living

*Outpatient International Classification of Diseases, Ninth Revision (ICD-9) diagnosis code of idiopathic Parkinson's disease (332.0).

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Veterans from the denominator who are offered one of the following within 3 months:

1. Addition of a dopamine agonist (bromocriptine, pergolide, pramipexole, or ropinirole),
2. Addition of a catechol o-methyltransferase (COMT) inhibitor (entacapone),

3. More frequent dosing of levodopa, OR
4. Addition of a selective monoamine oxidase B (MAO-B) inhibitor or amantadine.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by high-risk subgroup (stratification on vulnerable populations)
Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure has been stratified by race/ethnicity and age.

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Cheng et al., performed a systematic medical literature review on effective care processes in Parkinson's disease. They then drafted 46 de novo quality indicators and adapted 33 indicators developed for care for frail elders from the Assessing Care for Vulnerable Elders (ACOVE) indicator study. Through a modified Delphi method, an expert panel of movement disorder specialists rated 29 indicators highest using criteria of validity, feasibility, impact on outcomes, room for improvement, and overall utility. They selected 14 of the highest rated indicators of PD care quality to be operationalized for medical record abstraction. The criteria for selecting these indicators were that they should be comprehensive and apply to a broad range of PD care, minimize overlap, and apply to a broad number of PD patients. They determined that 10 indicators had sufficiently high inter-rater reliability and were triggered sufficiently frequently enough for further analysis. These 10 indicators spanned four PD care domains of management of motor symptoms, medication titration and response, assessment of non-motor symptoms, and management of non-motor symptoms. The 10 indicators included four indicators adapted from ACOVE.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Cheng EM, Siderowf A, Swartztrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. *Mov Disord*2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Cheng EM, Siderowf AD, Swartztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. *Parkinsonism Relat Disord*2008;14(1):8-14. [PubMed](#)

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Identifying Information

ORIGINAL TITLE

Treating wearing-off.

MEASURE COLLECTION

[Quality of Care Indicators for Parkinson's Disease](#)

DEVELOPER

Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center

FUNDING SOURCE(S)

Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Veterans Health Administration Parkinson's Disease Research, Education, and Clinical Center Health Services Workgroup: Eric M. Cheng, MD, MS; Kari Swarztrauber, MD, MPH; Andrew D. Siderowf, MD, MSCE; Mahmood S. Eisa, MD; Barbara G. Vickrey, MD, MPH.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

REVISION DATE

2008 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Cheng EM, Siderowf AD, Swarztrauber K, Lee M, Vassar S, Jacob E, Eisa MS, Vickrey BG. Disparities of care in veterans with Parkinson's disease. *Parkinsonism Relat Disord* 2008;14(1):8-14. [PubMed](#)

MEASURE AVAILABILITY

The individual measure, "Treating Wearing-Off," is published in "Disparities of Care in Veterans with Parkinson's Disease."

Requests for this article should be made to: Elsevier Limited, P.O. Box 800, Oxford, OX5 1GB, UK.

NQMC STATUS

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